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## COMMONWEALTH OF MASSACHUSETT DEPARTMENT OF ENVIRONMENTAL PROTECT DIVISION OF HAZARDOUS MATERIAL 5-047-01 One Winter Street Boston, Massachusetts 0216

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UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Document No. Separation of the Company o	of is not required by Federal law.
3. Generator's Name and Mailing Address  Mackay Envelope  1500 Mackay tve	A. State Manifest Document Number  MA K 287273  B. State Gen. ID SCR000074591
4. Generator's Phone (3/9) 37-5864/ SCR000078150 5. Gransporter/1 Company Names YSTEMS, INC 61 AD US EPAID Number 2	C. State Trans. ID
7. Transporter 2 Company Name  8. US EPA ID Number  9. Designated Facility Name and Site Address  10. US EPA ID Number  10. US EPA ID Number	D. Transporter's Phone ( 319 386 - 3024) E. State Trans, ID H 1/1/3/04 - 2044 - 355 GL
SAFETY-KLEEN SYSTEMS, INC. 960 TURNPIKE STREET CANTON MA 02021 MAD 982755639	F. Transporter's Phone ( ) DE7252100  G. State Facility's ID NOT REQUIRED  H. Facility's Phone ( 78 & 828 – 5445)
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	Containers 13. 14. I. Total Unit Waste No.
a RO HAZARDOUS WASTE, LIQUID, N.O.S.  9 NA3082 PG III (DO11)(ERG#171) PHOTO FIXER SILVER SOLUTION (9#/GAL)	DF 00045 P D011
E N E R	
A T C.	
d.	R00173672 RCRA RECORDS CENTER
Additional Descriptions for Materials Listed Above (include physical state and hazard code.)  a.   c.	K. Handling Codes for Wastes Listed Above     c.
b.  15. Special Handling Instructions and Additional Information.	b. d.
15 Special Handling Instructions and Additional Information SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY. SKDOT# A: 629 B: C: D:  16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by	
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.	
	DATE
Frinted/Typed Name Signature  T 17. Transporter 1 Asknowledgement of Receipt of Materials	Month Day Year
Printed/Typed Name Tong Johnson Signature	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature	DATE Month, Day Year
19. Discrepancy Indication Space Rejected to an alternate facility: Safety-Kleen Systems  F VO SO 1200 Sylvan Street Linden, NJ 07036-Unable to process at	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as	s noted in item 19.
Printed/Typed Name  DEWNSON  Signature  Signature	Dention Month pay, Year